

Exhibit A, Attachment IV
ADDITIONAL CONTRACTUAL SERVICES

The use of headings of titles throughout this exhibit is for convenience only and shall not be used to interpret or govern the meaning of any specific term, function, or activity.

Index Additional Contractual Services – Exhibit A, Attachment IV

	Title	Page
1.0	Additional Contractual Services	1-1
1.1	Overview	1-1
1.1.1	The Contractor is Required to Bid the Following Four (4) Mandatory ACSs	1-1
1.1.2	Contractor Proposed Additional Contractual Services	1-3
1.2	Objectives	1-3
1.3	Assumptions and Constraints	1-3
1.4	General Responsibilities	1-4
1.4.1	Work Plan	1-4
1.5	Mandatory Additional Contractual Services	1-5
1.5.1	Review of HCO Informing Materials	1-5
1.5.1.1	General Responsibilities	1-6
1.5.2	Pro-Active Health Care Choices	1-7
1.5.2.1	General Responsibilities	1-7
1.5.3	Expedited Health Plan Enrollment	1-8
1.5.3.1	Assumptions and Constraints	1-8
1.5.3.2	General Responsibilities	1-9
1.5.4	Medi-Cal Managed Care Health Plan Provider Directories	1-10
1.5.4.1	Assumptions and Constraints	1-10
1.5.4.2	General Responsibilities	1-10
1.6	Initial Health Screen Questionnaire	1-11
1.6.1	Assumptions and Constraints	1-12
1.6.2	General Responsibilities	1-12
1.7	Extended Hours of Telephone Call Center Operations	1-12
1.7.1	Assumptions and Constraints	1-13
1.7.2	General Responsibilities	1-13
1.8	Voluntary Beneficiary Telephone Call Center Contacts	1-13
1.8.1	Assumptions and Constraints	1-14
1.8.2	General Responsibilities	1-14
1.9	Contractor-Proposed Optional Additional Contractual Services	1-15
1.10	Additional Contractual Services Reports	1-15

1.0 ADDITIONAL CONTRACTUAL SERVICES

1.1 OVERVIEW

Since its inception, the Medi-Cal Managed Care (MMCD) Program has evolved in response to legislative, regulatory, and policy changes at the federal, State, and county levels. The Health Care Options (HCO) Program must remain flexible and dynamic in order to accommodate this changing environment.

One mechanism California Department of Health Services (CDHS) employs to stimulate and support innovative responses to the demand for change is to require bidders to propose Additional Contractual Services (ACSs). ACSs are both CDHS-proposed and bidder-proposed services outside of, but related to, the scope of work under this Contract (Exhibit A, Attachment II) and are designed to replace, augment, or substantially improve one or more operational areas (e.g., HCO informing materials production and mailing, customer service, transactions processing, forms processing, reporting, etc.), resulting in improved services to applicants/beneficiaries, increased operational efficiency, or both.

The Contractor shall prepare and submit to CDHS proposals for implementing seven (7) mandatory ACSs. Mandatory ACSs are those that the Contractor is required to bid as a part of their Narrative and Cost Proposals. In addition, the Contractor is allowed to propose and bid up to five (5) Contractor-Proposed Optional ACSs, if the Contractor chooses.

1.1.1 MANDATORY ACSs:

The Contractor is required to bid the following seven (7) mandatory ACS':

REVIEW OF HCO INFORMING MATERIALS:

The Contractor shall recommend to CDHS one (1) or more measures that, if implemented, would make the HCO informing materials more likely to be read, understood, and, ultimately, used in the health care options decision process.

PRO-ACTIVE HEALTH CARE CHOICES:

The Contractor shall submit to CDHS one (1) or more measures, apart from improving the effectiveness of the HCO informing materials, which would increase the number of Medi-Cal applicants and beneficiaries (both mandatory and voluntary aid codes) who pro-actively make a choice of a managed care health plan(s) during the first thirty (30) calendar days after receiving HCO informing materials. By increasing the number of pro-active choices made, these measures would decrease the auto-assignment (default-assignment) percentage rate.

EXPEDITED HEALTH PLAN ENROLLMENT:

The Contractor shall propose a method by which applicants, beneficiaries, their designated representatives and others (such as Enrollment Services

Representatives (ESR)) review HCO informing materials and complete and submit Choice Forms on an instantaneous basis.

MEDI-CAL HEALTH PLAN PROVIDER DIRECTORIES

The Contractor shall propose a centralized, Contractor-run Medi-Cal Health Plan Provider Directory process that provides applicants and beneficiaries with personalized, up-to-date county specific provider directories that list the available primary care and specialty physicians within a certain radius of the applicant/beneficiary's residence, school, workplace or other preferred location. County-wide directories would also be available upon request of the applicant/beneficiary.

This process would replace the current process in which the HCO informing materials packet contains plan-designed and, in many instances, plan-produced provider directories which contain the full provider network for each available managed care health plan in the applicant/beneficiary's county of residence. The personalized provider directories that would be produced under this ACS would provide applicants/beneficiaries with smaller, easier-to-use directories containing provider information specific to each person's preferred address. Personalized directories would cost CDHS less to print (CDHS prints provider directories for some health plans) and to mail.

INITIAL HEALTH SCREEN QUESTIONNAIRE

The Contractor shall propose capability to distribute and process an Initial Health Screen Questionnaire (IHSQ) to be mailed with the HCO informing packet and be available at ESR Presentation Sites. The purpose of the IHSQ is to ensure applicants/beneficiaries with existing disabilities or with chronic conditions identify themselves to assure immediate access to care. The IHSQ will be provided to the Contractor by the CDHS. Information from the IHSQ shall be transmitted to the health plans along with weekly new enrollment files. Proposals shall address the security and confidentiality of any Protected Health Information (PHI) that might be obtained in this process.

EXTENDED HOURS OF TELEPHONE CALL CENTER OPERATIONS

The Contractor shall propose capability to provide TCC assistance, including answering telephone calls and all the necessary TCC supporting systems and equipment, for extended hours of operation to include Monday through Friday, 5:00 PM to 8:00 PM Pacific Time, and Saturdays, 8:00 AM to 5:00 PM Pacific Time, excluding State holidays. The CDHS will monitor and evaluate the extended hours of TCC operation and may choose to terminate the added hours if the project is determined to be less than cost-effective.

VOLUNTARY BENEFICIARY TELEPHONE CALL CENTER CONTACTS

Similar to the telephone contacts made to mandatory beneficiaries, the Contractor shall propose capability to contract beneficiaries with voluntary aid codes who have not returned a completed Choice Form within ten (10) calendar days of being mailed

an informing packet. One of the goals of this RFP is to increase voluntary enrollment into the Medi-Cal Managed Care Program and verbal contact with the voluntary population may increase such enrollment. The Contractor shall make no less than five (5) attempts to contact each voluntary beneficiary.

1.1.2 CONTRACTOR-PROPOSED ADDITIONAL CONTRACTUAL SERVICES

In addition to seven (7) mandatory ACSs, bidders may also propose up to five (5) optional ACSs designed to improve operations under the HCO Contract.

1.2 OBJECTIVES

The objectives of this section are to:

- A. Offer the Contractor the opportunity to propose innovative changes to the HCO Program that will improve services to applicants/beneficiaries and/or increase operational efficiencies;
- B. Establish protocols that the Contractor shall adhere to in proposing ACSs, and in implementing approved ACSs; and
- C. Establish ACS reporting requirements.

1.3 ASSUMPTIONS AND CONSTRAINTS

- A. CDHS, at its sole discretion, shall determine if any of the proposed ACS(s) warrant further evaluation. When the CDHS accepts an ACS, that ACS becomes part of the scope of work of the Contract.
- B. Approved ACSs are only those that have been proposed in the Narrative Proposal and have been formally accepted by CDHS in writing, via C-Letter. If CDHS formally approves in writing an ACS with requirements that are more stringent than those appearing in Exhibit A, Attachment II, Scope of Work, the requirements included in that approved ACS shall supersede all corresponding Exhibit A, Attachment II, Scope of Work requirements that are less stringent.
 - a. CDHS may implement any ACS(s) that is included in the successful Proposer's Narrative Proposal and shall adjust any affected contractual performance requirements accordingly. Because CDHS may elect to not implement one (1) or more ACS, each ACS shall be separately priced in the bid. Specific terms and conditions associated with each accepted ACS will be addressed after Contract award and prior to Contract execution. CDHS-accepted ACSs, if proposed for installation at the Assumption of Operations, shall be ready for CDHS acceptance testing during Takeover, at a time approved in writing by CDHS. Proposers may propose a delayed implementation date in each of their ACS plans, but shall always allow a minimum of four (4) weeks for CDHS acceptance testing.
- C. All ACSs shall be designed for installation on or after Assumption of Operations. The Contractor shall not install any ACS during the Takeover phase of the Contract.

- D. CDHS may implement any ACS submitted by any Proposer. The successful Proposer may be required to develop and implement one or more ACSs originally submitted by its competitors. The ACS(s) shall be implemented by using the amendment and/or change order process. If an ACS from the proposal of an unsuccessful Proposer is implemented, that Proposer will not be reimbursed or compensated in any manner for the use of its proposed ACS.
- E. If CDHS determines that an ACS is not cost-effective or is otherwise not performing as described, CDHS may terminate the ACS upon thirty (30) calendar days prior written notice to the Contractor.

1.4 GENERAL RESPONSIBILITIES

The Proposer shall be required to submit the items listed below in the Narrative Proposal.

1.4.1 WORK PLAN

The Proposer shall submit a detailed work plan, containing a Design, Development and Implementation (DD&I) schedule, for each proposed ACS.

- A. Each work plan shall describe and display (in a Gantt, or equivalent, chart) each step in the DD&I process, including all interrelationships between steps. Work plans shall include but not be limited to:
 - 1. Planned tasks and activities.
 - 2. Staffing levels.
 - 3. Schedule of events, including milestones.
 - 4. Plans to ensure that ACSs are subject to complete quality assurance reviews and user acceptance testing.
 - 5. A graphic overview of the ACS displayed in such a way that the timeline relationship of the DD&I phases of the ACS is shown. This overview shall be prepared on a Gantt-type chart and shall include a Work Breakdown Structure (WBS) and beginning and ending dates of each DD&I phase in monthly increments. The ACS work schedule shall be subdivided as follows:
 - a. Task – Major activity.
 - b. Major Subtask – Logical grouping of subtasks.
 - c. Subtask – Groups of work packages required to complete a task. Each subtask shall consist of no more than four (4) work packages and shall result in a defined deliverable.
 - d. Work package - The smallest work effort or work increment. A work package should be defined by:

- 1) A description
 - 2) An identifiable product
 - 3) The skill/resource categories
 - 4) The estimated resource units by skill/resource category
 - 5) Overall duration of the activity
- e. Clearly identified milestones and deliverables.
 - f. Clearly identified CDHS approval requests, which include at least ten (10) business days for CDHS review.
- B. Each work plan shall demonstrate an understanding of the tasks to be performed and of subsequent general responsibilities; subtasks shall be sequenced and scheduled logically; and sufficient time shall be allocated for task completion.

1.5 MANDATORY ADDITIONAL CONTRACTUAL SERVICES

1.5.1 REVIEW OF HCO INFORMING MATERIALS

As managed care requirements have changed, and as additional HCO Program needs have been identified, HCO informing materials have been developed and revised to meet these changing requirements and needs. The last major revision of the HCO informing materials occurred in 2004 and 2005. These revisions brought the HCO informing materials into compliance with the regulations implementing the Balanced Budget Act of 1997 (which were approved in 2002). Since that effort, managed care requirements have continued to change. As the MMCD and HCO Programs undergo continued modification, the HCO informing materials must be revised to reflect these changes.

Under this ACS, the Contractor shall perform a comprehensive review and evaluation of the effectiveness of all HCO informing materials, in collaboration with the CDHS, and shall provide CDHS with the findings and recommendations that emerge from this review and evaluation.

This ACS shall include the following two (2) phases:

1. Phase One - Review of HCO informing materials. The duration of Phase One shall last no longer than six (6) months and shall begin when CDHS has provided written approval to start. At the conclusion of Phase One, the Contractor shall notify CDHS that the review period is complete and provide a brief summary of the preliminary findings reached.
2. Phase Two - Submittal of a written report of the findings, recommendation(s), timeline(s) and work plan(s) that result from the review process. At the conclusion of Phase Two, the formal findings and recommendation(s) document, which includes timeline(s) and work plan(s) for each recommendation, shall be

submitted to CDHS for review. Phase Two activities shall be completed within one (1) month of the submittal of a brief summary of preliminary findings required in phase one.

1.5.1.1 GENERAL RESPONSIBILITIES

A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:

1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, including a list of all materials to be reviewed, as well as the steps necessary to implement that proposal.
2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Review of HCO Informing Materials in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.

B. The Contractor shall:

1. Conduct a comprehensive review and evaluation of all current HCO informing materials used to educate and enroll Medi-Cal beneficiaries, including the Seniors and Persons living with Disabilities (SPD) population, with a goal of increasing voluntary enrollment by this group into managed care plans. This includes all HCO informing materials, such as booklets, letters and forms, etc., used by applicants, beneficiaries and other interested parties. The Contractor shall review the HCO informing materials to ensure the following requirements are met:
 - a. Full compliance with all applicable State and federal statutes and regulations.
 - b. Full compliance with all applicable statutes, regulations, and policies concerning the cultural and linguistic appropriateness of the informing materials.
 - c. Effective at encouraging recipients to read the HCO informing materials and to use the information provided to choose between the available managed health care options.
2. Prepare and submit to CDHS at the midpoint of the Phase One work plan an interim progress report. This report shall describe the status of the HCO informing materials reviewed to date, and shall include a list of the HCO informing materials still to be reviewed and a list of any milestones not met timely.
3. Prepare and submit to CDHS, at the end of Phase Two, a report containing:

- a. The Contractor's findings concerning the extent to which the existing HCO informing materials meet the requirements outlined above.
- b. The Contractor's recommendations for revising the HCO informing materials so that they better meet those needs and requirements.
- c. The Contractor's estimated expenses, timeline(s) and work plan(s) for implementing the recommendation(s).

This report shall include the advantages and disadvantages of each recommendation. The report of findings and recommendations shall be submitted to CDHS no later than one (1) year after CDHS written acceptance of the project.

4. Provide the CDHS with written monthly progress reports during the Design, Development and Implementation (DD&I) stages of the project. These shall be due the fifth (5th) business day of the month following the month reported.

1.5.2 PRO-ACTIVE HEALTH CARE CHOICES

Department of Public Social Services County Eligibility Workers cannot refer applicants to Contractor Presentation Sites for assistance with the health care options process when applicants choose to mail in their Medi-Cal aid application forms to the county. Historical data proves that almost all applicants who receive face-to-face HCO presentations make a pro-active choice of a managed care health plan(s). For those applicants who do not attend a face-to-face HCO presentation, whether they mail in their Medi-Cal aid application forms or they choose not to attend the HCO presentation they were referred to, the choice rate is lower, and the default assignment rate higher.

This ACS affords the Contractor the opportunity to present innovative approaches for reaching and encouraging the population of Medi-Cal applicants and beneficiaries who do not attend HCO presentations to make pro-active health plan choices during the first thirty (30) calendar days after receipt of HCO informing materials. Measures that successfully encourage applicants and beneficiaries to choose a health plan allow the HCO Program to better meet the important goal of reducing the rate of auto-assignments (default-assignments).

1.5.2.1 GENERAL RESPONSIBILITIES

- A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:
 1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal(s), as well as the steps necessary to implement the proposal(s).

2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Pro-Active Health Care Choices proposal(s) in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.

1.5.3 EXPEDITED HEALTH PLAN ENROLLMENT

CDHS intends to take full advantage of currently available information access technologies such as the Internet, innovated telephone capabilities and facsimile machines. The use of such technologies will allow improved methods of secured access to HCO information and Choice Form submittal.

If an automated HPE Process is proposed, it will allow Medi-Cal applicants and beneficiaries the ability to review the health care options available to them instantaneously. The use of the telephone, facsimile or other automated process will allow applicants and beneficiaries the ability to complete and submit Choice Forms electronically. This process will provide CDHS with the following additional advantages:

- A. Convenient access to HCO informing materials and Choice Forms at all times, except for CDHS-approved scheduled downtime for maintenance.
- B. Faster enrollment processing. Toward the end of each Medi-Cal Eligibility Data System (MEDS) month of eligibility, the use of an electronic enrollment option would allow beneficiaries to begin receiving services from their chosen health plans a month earlier than would be possible using the mail-in enrollment option (If the electronic form is received by MEDS cut-off date).
- C. Better protection of personal confidential beneficiary information including protected health information, than is possible using the mail-in enrollment option.

1.5.3.1 ASSUMPTIONS AND CONSTRAINTS

If an automated HPE Process solution is proposed:

- A. The enrollment process shall utilize any approved HCO web site infrastructure implemented during Takeover.
- B. The web sites shall be accessible via standard web-browser software.
- C. The cost of the equipment, software, and peripherals for the web sites shall be submitted separately from the project bid.
- D. Minimize the possibility of any interruption in the provision of services to applicants and beneficiaries during this transition.
- E. In the project work plan, provide a minimum of six (6) weeks for CDHS user acceptance testing of the web sites.

1.5.3.2 GENERAL RESPONSIBILITIES

- A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:
1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
 2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Expedited Health Plan Enrollment in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.
 3. Provide the CDHS with written monthly progress reports during the Design, Development and Implementation (DD&I) stages of the project. These shall be due the fifth (5th) business day of the month following the month reported.
- B. The ACS shall meet the following requirements:
1. Data processing and documentation requirements specified in the Contract.
 2. If an automated HPE Process is proposed, any web-based enrollment sites shall be developed and maintained with sufficient security mechanisms to achieve full compliance with federal and State statutes, regulations and policies.
 3. If an automated HPE Process is proposed, ensure compliance with the Electronic Data Interchange (EDI) standards specified in the regulations implementing the Health Insurance Portability and Accountability Act (HIPAA).
 4. If an automated HPE Process is proposed, any web servers used shall be maintained with appropriate firewalls and other security features, including user authentication requirements and access limitations that prevent unauthorized users from gaining access. These capabilities shall:
 - a. Provide access to blank Choice Forms and other HCO informing materials, in all threshold languages as determined by CDHS.
 - b. Allow interactive completion of electronic Choice Forms (with field-sensitive help functions).
 - c. Allow electronic submission of Choice Forms.
 - d. Provide email verification of submission.

- e. Provide the option to print the Choice Forms prior to submission.
- f. Provide availability to all authorized users for a minimum of twenty-two (22) hours per day, seven (7) days per week. Maximum unscheduled downtime shall not exceed one-half (0.5) hour per week. Access and availability shall not be interrupted or superseded, except with CDHS prior approval, for any Contractor activity, including system maintenance (preventive, scheduled or otherwise) and system or program processing (scheduled or unscheduled).

1.5.4 MEDI-CAL MANAGED CARE HEALTH PLAN PROVIDER DIRECTORIES

Currently, the content of all health plan provider directories is developed, formatted and translated by the health plans. Some of these provider directories that are currently included in the HCO informing packets are printed by the health plans and some are printed by CDHS. Under this ACS, the Contractor would assume all provider directory production and printing responsibilities.

The Contractor shall produce both county-wide directories and personalized directories. County-wide directories provide information for all plans and providers located in each county. Personalized directories include information for plans and providers that are available within a certain distance of a specific location determined by the applicant/beneficiary requesting the directory. The Contractor may choose to utilize the Provider Information Network (PIN) database, as detailed in the Customer Service Section of this Contract, to accomplish this requirement.

County-wide directories must be available upon request. Applicants/beneficiaries shall be able to request county-wide directories by submitting a request via the website, contacting the Telephone Call Center or an ESR, or by mailing a tear-off postcard to the Contractor, which shall be originally attached to the personalized directory.

1.5.4.1 ASSUMPTIONS AND CONSTRAINTS

- A. The Contractor shall implement a provider directory production method to be used for all medical and dental plans in all counties served by the Contractor. No customized processes shall be created for individual counties or plans. Some variation in the radii used to generate directories, and in other final production details, may be permitted or required, however.
- B. CDHS shall provide the Contractor with a full and complete scope of work, specifying data flows and formats; the radii to use for medical and dental directory generation in urban, suburban, and rural areas; directory formats; and all other scope details. The Contractor shall base its price proposal and work plan on this scope of work.

1.5.4.2 GENERAL RESPONSIBILITIES

- A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:

1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Medi-Cal Managed Care Health Plan Provider Directories in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.
3. Provide CDHS with written monthly progress reports during the Design, Development and Implementation (DD&I) stages of the project. These shall be due the fifth (5th) business day of the month following the month reported.
4. Provide CDHS with a monthly report on the numbers of county-wide and personalized directories produced and mailed, by county, by language, after implementation. CDHS will provide the Contractor with full report specifications.

B. The Contractor shall:

1. Provide CDHS with alternative directory production options, such as in-house production, and/or subcontract options. CDHS will select the alternative that provides the best overall value (lowest cost combined with at least minimum levels of efficiency, flexibility, and scalability).
2. Work with CDHS HCO, MMCD and Dental Managed Care (DMC) staff, as well as with the medical and dental plans, to arrive at format and submission specifications and to specify the formats and layouts for the county-wide and personalized directories.

1.6 INITIAL HEALTH SCREEN QUESTIONNAIRE

In an effort to provide early notification to health plans of Medi-Cal applicants/beneficiaries' existing disabilities or chronic conditions, an Initial Health Screen Questionnaire (IHSQ) shall be collected at the time of health plan enrollment. The purpose of the IHSQ is to ensure applicants/beneficiaries that have these conditions identify themselves early in the enrollment process in order to assure immediate access to care from the managed care health plan to which they have enrolled.

The Contractor shall include the IHSQ in the HCO informing packets and shall also make them available for use at ESR Presentation Sites. After completing the IHSQ, applicants/beneficiaries shall be instructed to either mail the IHSQ to the Contractor or provide the IHSQ to the ESR, if they are in attendance at a presentation. Upon receipt, the Contractor shall process the questionnaires and forward them to the applicable health plans along with their weekly new enrollment files.

1.6.1 ASSUMPTIONS AND CONSTRAINTS

The CDHS will provide the IHSQ template for the Contractor's use in production.

1.6.2 GENERAL RESPONSIBILITIES

A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:

1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved IHSQ in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.

B. The Contractor shall:

1. Provide CDHS with alternative means to provide health plans with completed questionnaires. CDHS will select the alternative that best meets CDHS and health plans needs.
2. Work with CDHS HCO and MMCD staff, as well as with the medical and dental plans, to implement the use and submittal of the questionnaire.
3. Provide CDHS with written monthly progress reports during the Design, Development and Implementation (DD&I) stages of the project. These shall be due the fifth (5th) business day of the month following the month reported.
4. Provide CDHS with a monthly report, including totals, of the questionnaires collected, by mail and at the Presentation Sites, by county, by language. CDHS will provide the Contractor with full report specifications.
5. Proposals will address the security and confidentiality of any Protected Health Information (PHI) that might be obtained in the IHSQ process.

1.7 EXTENDED HOURS OF TELEPHONE CALL CENTER OPERATIONS

In an effort to increase Contractor availability to applicants and beneficiaries who are not able to contact the TCC during normal business hours, the Contractor shall propose capability to provide TCC assistance, including answering telephone calls and providing all the necessary TCC supporting systems and equipment, for extended hours to include Monday through Friday, 5:00 PM to 8:00 PM Pacific Time, and Saturdays, 8:00 AM to 5:00 PM Pacific Time, excluding State holidays.

1.7.1 ASSUMPTIONS AND CONSTRAINTS

The CDHS will monitor and evaluate the extended hours of TCC operation and may choose to terminate the added hours if the project is determined to be less than cost-effective.

1.7.2 GENERAL RESPONSIBILITIES

A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:

1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Extended Hours of Telephone Call Center Operations in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.

B. The Contractor shall:

1. Ensure that TCC staff contact mandatory beneficiaries as stated in Exhibit A, Attachment II, Section 1.0, Customer Service, 1.4.3 C Telephone Call Center Standards. The Contractor shall place one (1) of the five (5) telephone calls required in Exhibit A, Attachment II, Section 1 Customer Service, 1.4.3 C Telephone Call Center Standards, after 5:00 PM Pacific Time during the week or on a Saturday, if necessary, unless otherwise directed by the CDHS.
2. Ensure that the HCO facility(ies) shall be monitored by security guards between the extended hours of 5:00 P.M. and 9:00 P.M. Monday through Friday, and Saturday, 7:00 AM and 6:00 PM Pacific Time, excluding State holidays.
3. Provide CDHS with daily, and then cumulate into weekly and monthly, reports of the requirements as listed in Exhibit A, Attachment II, Section 6. Reports, 6.5.1 Customer Service Reports, applying the requirements to the extended hours of TCC operation.

1.8 VOLUNTARY BENEFICIARY TELEPHONE CALL CENTER CONTACTS

In an effort to increase voluntary enrollment into the Medi-Cal Managed Care Program, the Contractor shall propose capability to contact beneficiaries with voluntary aid codes who have not returned a completed Choice Form within fifteen (15) calendar days of being mailed an informing packet. It is thought that initiating verbal contact with beneficiaries may produce positive results in assisting beneficiaries in understanding the HCO informing materials, the

enrollment process and how to utilize the managed care program, which may lead to a voluntary choice to join a managed care plan.

1.8.1 ASSUMPTIONS AND CONSTRAINTS

If the applicant/beneficiary in question states, either verbally or in writing, that they do not wish to be contacted via telephone, the Contractor shall note this request in their system, and cease calling the applicant/beneficiary immediately.

1.8.2 GENERAL RESPONSIBILITIES

A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:

1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
2. Upon receiving written approval from CDHS, the Contractor shall implement the CDHS-approved Voluntary Beneficiary Telephone Call Center Contacts in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.

B. The Contractor shall:

1. Ensure that TCC staff contact voluntary beneficiaries who have not returned an accurate and complete Choice Form within fifteen (15) calendar days from mailing of informing materials packet. TCC staff shall assist these beneficiaries in the following, but not limited to:
 - a. Understanding their health care options, including their option to remain Fee-For-Service.
 - b. Instructing the applicant/beneficiary on completing the Choice Form and returning it to the Contractor, by faxing or emailing it to the Contractor, and/or mailing it through the normal mail postal system to the Contractor's main operating facility.; or
 - c. Completing the Choice Form per the caller's directions and mailing the completed Choice Form to the caller for their original signature and instructing the beneficiary to follow up by mailing the original form to the Contractor.
2. Attempt no less than five (5) telephone calls to the beneficiary in question, seeking the beneficiary to submit their completed Choice Form to the Contractor, or to complete the Choice Form for the applicant/beneficiary based on the information gathered during the telephone call and to send it to

the applicant/beneficiary for signature. One (1) of the five (5) telephone calls shall be placed during the evening or on a Saturday, if necessary, unless directed otherwise directed by the CDHS.

3. Provide CDHS a daily, then cumulate into a weekly and monthly, report of the following, but not limited to:
 - a. The total number of voluntary applicants/beneficiaries that have been contacted in order to assist them with understanding the Medi-Cal Managed Care Program, the managed care process, their options including Fee-For-Service, and completing and returning a Choice Form.
 - b. The total number of voluntary applicants/beneficiaries who were provided assistance and have completed a Choice Form over the telephone.

1.9 CONTRACTOR-PROPOSED OPTIONAL ADDITIONAL CONTRACTUAL SERVICES

- A. Within thirty (30) calendar days after the CDHS provides written notification of its intention to implement this ACS, the Contractor shall:
 1. Provide CDHS with an update to the ACS plan originally submitted with the Narrative Proposal if CDHS and/or the Contractor determine that an update is necessary. If no update is necessary, the Contractor shall notify CDHS in writing that the existing plan is sufficient. The Contractor shall ensure that its plan fully describes the scope of the proposal, as well as the steps necessary to implement that proposal.
 2. Upon receiving written approval from CDHS, the Contractor shall implement each CDHS-approved optional ACS in keeping with the CDHS-approved work plan. ACS implementation shall not begin until the CDHS provides written approval to begin.
- B. Provide CDHS with written monthly progress reports during the Design, Development and Implementation (DD&I) stages of the project. These shall be due the fifth (5th) business day of the month following the month reported.
- C. Provide CDHS with a monthly report, with CDHS providing the Contractor the full report specifications.

1.10 ADDITIONAL CONTRACTUAL SERVICES REPORTS

The Contractor shall prepare and submit for State approval a final report of findings and recommendations no more than three (3) months following implementation of each CDHS-approved and implemented ACS. CDHS shall work with the Contractor in developing a format for each report. Each report shall provide, but not be limited to, a detailed evaluation, along with recommendations for continued use of and improvements to each ACS.